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ABSTRACT

To assist in implementing the requirements of Public Law 99-457, the Education of the Handicapped Ammendments, 1986, practical information is provided about 15 appropriate assessment instruments for use with visually handicapped children, ages birth through 5. Descriptive analyses of selected assessment instruments include the title, author(s), format, and comments regarding test content and administration. A review of ecological and nontest-based approaches (such as systematic observation and parent interviews) are presented, as well as unique considerations and assessment guidelines for this population. Criteria for selection of tests also are discussed. The paper also provides information on prevalence of visual handicap in this age group and the requirement of the law for assessment of developmental delay. (Author/DB)

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OVERVIEW OF ASSESSMENT INSTRUMENTS FOR EARLY CHILDHOOD VISUALLY HANDICAPPED

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ABSTRACT

To assist in implementing the requirements of Public Law 99-457, practical information about appropriate assessment instruments for use with visually handicapped children, ages birth through five, is provided. Descriptive analyses of selected assessment instruments include the title, author(s), supplier, publication date, target population, age range, test format, and comments regarding test content and administration. A review of ecological and nontest-based approaches is presented, as well as unique considerations and assessment guidelines for this population. Criteria for selection of tests also are discussed. Such information is critical for educators, evaluators, and administratoras in establishing early intervention programs for young visually handicapped children and their families.

There is often a lack of fit between a visually handicapped child's developmental status and the psychometric and clinical tools available to assess that status. Furthermore, there is little research-based information available regarding development of preschool visually handicapped children (Warren, 1984) and few formal assessment instruments have been specifically designed for them. Therefore, special expertise in nonstandard evaluation and keen clinical judgment are essential.

To implement the requirements of Public Law 99-457, evaluators are responsible for assessment of "developmental delay" in cognitive, language/speech, psychosocial, and self-help to determine eligibility for service delivery to infants and toddlers. Development of an educational program and design of the Individual Family Service Plan (IFSP) necessitate valid and relevant conclusions from the assessment process. Accordingly, two questions come to mind: 1) What assessment instruments are appropriate for evaluation of visually handicapped children ages birth through five? and 2) What are the unique considerations and guidelines for the assessment process? This paper reviews selected assessment instruments and current considerations and guidelines, including use of standardized testing and ecological and nontest-based approaches to evaluation. The focus is limited to evaluation of children with moderate and severe visual impairment who may possess one or more additional handicaps but are not severely multihandicapped visually impaired.

PREVALENCE

Visual handicap is a low prevalence handicap in the birth through age twenty-one population. Reliable data on the number of visually handicapped children is not available due to the lack of a nationally uniform definition for educational placement in programs for the visually handicapped. "The proportion of visually handicapped children among the total population of those receiving special education programs and services is small, less than one percent even when the deaf-blind are included" (Scholl, 1986c, p. 31). In addition, the federal reporting procedures are such that no data is available on the number of students listed with a visual handicap as a secondary disability. A significant number of students who are classified as multihandicapped for federal reporting purposes also may be visually handicapped (estimates from sixty to above eighty percent). However, the specific types of concomitant disabilities are not delineated within federal reporting guidelines.

With the advent of Amendments to the Education of the Handicapped Act (EHA): New Federal Early Intervention Program (P.L. 99-457), it will become increasingly vital to collect specific data on the prevalence of infants and preschoolers with varying handicapping conditions. However, at the present time, a specific categorical breakdown of the numbers of infants and preschoolers in educational programs is not required.

Data are limited regarding prevalence of visual impairments combined with other exceptionalities. As with hearing impairment, relatively high rates of multiple impairments are not

uncommon with visual impairment. Estimates suggest that between thirty and seventy percent of school age visually handicapped children have at least one additional impairment (Fine, 1979; Jan, Freeman, & Scott, 1977; Scholl, 1986b). Causes vary from congenital infections (e.g. rubella) which result in both visual impairment and other central nervous system abnormalities to perinatal trauma (e.g. oxygen deprivation) and heredity (e.g. Down, Leber's, Marfan, Usher's Syndromes). Hearing impairment, cerebral palsy and mental retardation appear to be associated somewhat more frequently with visual impairment than, for example, speech or serious emotional impairments.

Little is known about the demographic characteristics of visually handicapped children. Although there are limited data concerning prevalence rate for visual impairments in racial, ethnic and socioeconomic groups, it appears that, with a few exceptions, the etiologies (origins/diagnoses) are similar, but the rates for nonwhites are higher than for whites (Scholl, 1986a & 1986c).

PUBLIC LAW 99-457 AND STANDARDIZED TESTING

With the advent of Public Law 99-457, there is a trend toward generic programming with handicapped and at-risk infants, toddlers and preschoolers no longer reported to the Department of Education in various exceptionality categories. However, eligibility requirements for service delivery to infants and toddlers necessitates that "developmental delay" in the following areas must be considered: physical, cognitive, language/speech, psychosocial, and self-help. Naturally, one must be able to

accurately assess each of these areas in order to determine if a significant delay is present. Previous federal regulations require that a multidisciplinary assessment team include at least one teacher or other specialist with knowledge in the area of suspected disability (DHEW, 1987). Thus, personnel with expertise in visual impairment should be involved in assessment, design of the Individual Family Service Plan (IFSP), and delivery of services.

According to P.L. 99-457, each state defines "at risk" and "developmentally delayed" as it deems appropriate. Developmental delay is usually described as falling behind developmentally in one or more areas by anywhere from 6 months to 2 years, as measured on standardized developmental assessments. Many young children with visual impairments do not experience delays in development, as measured by developmental assessments standardized on a sighted population, until around or after one year of age. Therefore, they may not have access to services until they fall behind unless the eligibility definition of "developmentally delayed" is more specific and/or the assessment process includes more sensitive measurement of developmental progression in young visually handicapped children (Zambone, McCarry, and Dinsmore, 1987). Accordingly, "qualified personnel" for the early childhood multidisciplinary team needs to be interpreted to mean early childhood special educators, teachers of the visually handicapped, low vision therapists, orientation and mobility teachers, and examiners knowledgeable about the variations in development and unique assessment considerations

for this population.

Several trends in special education have resulted from the nondiscriminatory provisions originally required by P.L 94-142. These trends include the move away from standardized instruments that emphasize a comparison with norms toward a more functional assessment through nontest-based approaches, and increasing utilization of the ecological approach, that is, assessing children in relationship to their environment (Hall, Scholl, & Swallow, 1986).

Few standardized instruments are available for assessment of the visually handicapped preschool child's capabilities and adaptive skills. The examiner must be knowledgeable about the various instruments and how the standardization was obtained. When tests designed and standardized on nonhandicapped children or on those with other categories of handicaps are used with visually handicapped preschoolers, interpretation of results must include consideration of the impact of visual impairment on performance.

One response to use of standardized tests or test items which may discriminate against visually handicapped children has been to use them in nonstandardized ways by modifying or adapting administration procedures. However, if adaptations or modifications are made, results cannot legitimately be compared with the norms. Separate norms for visually handicapped children for commonly-used instruments are generally unavailable because disagreement exists among professionals in the field of visual impairment regarding development of such norms.

Tests designed for visually handicapped children often have

norms based on small numbers or biased by institutional populations. Furthermore, no age norms exist for developmental milestones of visually handicapped infants and preschoolers (Ferrell, 1986). Therefore, criterion-referenced tests are generally more useful than norm-referenced tests for this population. Diagnostic tests that measure the skills the child has and what needs to be learned have proven valuable in assessing educational needs and problems. The child's approach to each task is as important as whether the answer is right or wrong. Observing how the child attempts a task helps the examiner to determine what adaptations or compensatory strategies the child has developed for problem-solving.

The National Association of Educators of Young Children's 1987 position statement on standardized testing of young children 3 through 8 years concluded that rather than to use tests of doubtful validity, it is better not to test, because misdiagnosis or mislabeling that comes from tests may cause educators or parents to inappropriately alter their treatment and expectations of the child (NAEYC, 1988). This position is especially true in serving visually handicapped preschool children and re-emphasizes the need for nontest-based and ecological approaches to assessment.

ECOLOGICAL AND NONTEST-BASED APPROACHES TO ASSESSMENT

The ecological approach expands conventional child-centered assessment to include assessment of the child's functioning within his total environmental system. It assumes a reciprocal

interaction and influence between the child and the environment, and recognizes that situational factors which initiate and maintain behavior must be examined also. The evaluator "gathers information about a variety of variables, compares competencies across situations, and examines the context in which behaviors take place" (Oka & Scholl, 1984, p. 44).

Observation

Observation, a nontest-based approach, is an important basic tool in ecological assessment. Direct, systematic observation of the child's behavior, the environment and the behavioral interactions is an integral part of any assessment of a visually handicapped child. Fortunately, the procedures for carrying out direct observation are no different for visually handicapped children than for sighted children. However, the behaviors of concern may be different, including stereotypic behaviors (incorrectly referred to as "blindisms" by some). For example, if eye pressing were a problem, interval recording would be a viable assessment method to employ (Bradley-Johnson, 1986).

A useful place to begin observation of young visually handicapped children is the Checklist for Home Observation of Visually Impaired and Blind Infants and Preschoolers. As Bradley-Johnson (1986) explains, this information may serve as a reliability check of the information obtained from parent interviews and items also can be used to observe children enrolled in a preschool program. Use of the checklist at home and school will facilitate comparison of behavior between settings. The author provides a rationale for each item to facilitate use of the checklist as a guide for questions in an

open-ended interview (Bradley-Johnson, 1986, pp.6-8). Similar to any interviewing procedure, an open-ended format is likely to result in more accurate and complete information than "yes" or "no" questions.

Children may be observed in a variety of totally unstructured settings, or the environment and materials available may be semi-structured or structured to require specific types of performance. Observing the following behaviors can provide valuable information about visually handicapped children: 1) awareness of, and attention to, the surrounding environment and persons within it; 2) seeking and exploring patterns of movements; 3) kind and variety of cues used for independent actions; 4) use of language to initiate contact or to respond to others; 5) extent to which the child originates behavior; and 6) adaptations to materials and to people (Barraga, 1983).

As with any young child, observation and assessment of the visually handicapped child in his/her home is preferable for obtaining the most valid and useful results. For children who paticipate in a preschool program and will be assessed outside of the home, classroom observation prior to undertaking a formal child-centered assessment is necessary in order to determine the child's sensory, motor, and communication limitations and abilities in the natural setting.

Another nontest approach to assessment based on observation involves use of videotape in some situations. Although videotape has been used more for research projects and evaluating the effect of intervention procedures, there is increasing use of it

in both natural and clinical settings to record the behavior for later review. The examiner may then utilize chronolog, frequency recording, frequency tally and other recording methods, taking into account antecedent and consequent behaviors and situational factors which may be overlooked by an on-site observer.

Interviews

Interviews are an important albeit time-consuming part of ecological and nontest-based approaches to assessment. For preschool children, the two main sources of interview information are parent(s) and teachers.

In interviewing the parents, the developmental history should include questions about the child's attainment of developmental milestones that are dependent on vision and about his functional use of vision in a variety of environments. Information about the child's relationship with parents, siblings, and extended family members and responsibilities in the home provide insight into possible rejection and/or overprotection. Likewise, the child's experiences with other children in play, church, and other activities are relevant to determining the family's acceptance of the child and the range of life experiences provided. The parents' perception of the severity of the visual impairment and their long-term goals for their child are also important. The educational history should include inquiries about his participation in infant and preschool programs that provide special services for visually handicapped children.

A certified teacher of visually handicapped children always should be consulted prior to assessment, preferably one who has

worked with the child or other preschool visually handicapped children. The teacher may advise the examiner about the availability of appropriate assessment materials, assist in modification or adaptation of assessment instruments, and assess visual functioning and/or orientation and mobility skills as necessary. The child's teacher may provide information about the child's attitude toward the visual impairment, orientation and mobility skills, daily living skills, use of vision and other senses in activities, general developmental level, attention span, listening skills, play behaviors, and reinforcements/rewards valued by the child. For children with motor involvement, the teacher and/or an occupational or physical therapist should be consulted to determine the correct positioning of the child during assessment. The proper position ensures a less stressful situation and facilitates balance so the child can more effectively receive stimulation.

Play

Use of videotape to record samples of play behavior appears to be invaluable for assessment. For example, Parsons (1986) reports use of videotaped free play sessions with subsequent coding of the play behavior of preschool low vision children. The Play Behavior Protocol (Zelazo and Kearsley, 1980) was used to code the frequency and variety of ideas generated for play with selected objects to evaluate emerging patterns of specified types of play which reflect cognitive development (Parsons, 1986).

Another approach to assessent through videotaped play

sessions utilizes a transdisciplinary team (Hall, 1988). This method can be implemented by a variety of professional team members, with the core team comprised of a child facilitator, a parent facilitator, and a video camera operator. The model allows for parent involvement in a naturalistic play environment. Six specific phases of the play-based model incorporate structured and unstructured play that is facilitated by the lead team member with the participation of parents and siblings, all within a time period of 60-90 minutes. Cognitive, motor, social and language domains can be assessed in this manner, based primarily on Piagetian theory. Using the cognitive domain as an example, the components of cognitive assessment may include attention span, schema use, imitation, and discrimination/differentiation. When using such a model to assess a visually handicapped child, it is crucial that the examiner have a fundamental knowledge of the unique considerations involved. For example, one would need to understand how to modify the assessment setting when facilitating play involving the area of imitation.

ASSESSMENT GUIDELINES

When assessing a visually handicapped child, the sessions must be structured to gain and maintain rapport with the child and to gather representative samples of his/her functioning. This involves unique consideration of the environment and interactions with the child. Table I is a compilation of suggested guidelines for assessment of visually handicapped children (Bauman, 1974; Collins-Moore & Osborn, 1984; Genshaft,

Dare, & O'Malley, 1980; Hall, Scholl, & Swallow, 1986; Langley, 1979; Scholl & Schnur, 1976).

OVERVIEW OF ASSESSMENT INSTRUMENTS

This section provides a summary of 15 assessment instruments appropriate for use with visually handicapped preschoolers. These tests were selected from a review by the authors of over 50 such assessment instruments. The instruments included here are (a) designed to be individually administered, (b) published within the last 15 years (so that content and norms are not out of date), (c) designed or may be adapted to ensure that the visually handicapped child would be capable of making the required response, and (d) represent selections from all primary domains of assessment.

We strongly encourage that only those assessment instruments with which the examiner has had prior experience should be administered to visually handicapped children.

Adaptive Measure

<u>Vineland Adaptive Behavior Scales - Expanded Form</u>

Authors: Sara S. Sparrow, David A. Balla, and Domenic V. Cicchetti

Available from: American Guidance Service

Date of Publication: 1984

Target Population: Blind and Low Vision

Age Range: 0-18 years

Format: Interview/Observation

Comments: A norm-referenced, standardized test with supplementary norms for a relatively large visually handicapped sample ages 6-12 years, 11 months. The domains are Communication, Daily Living Skills, Socialization, Motor Skills, and Maladaptive Behavior. Various items in all domains are inappropriate for VH preschoolers or require careful adaption. Judicious use of the Maladaptive Domain only with children 5 years or older is advised.

Cognitive/Conceptual Understanding Measures

Kaufman Assessment Battery for Children

Authors: Alan S. Kaufman and Nadeen L. Kaufman

Available from: American Guidance Service

Date of Publication: 1983

Target Population: Low Vision, Non-verbal

Age Range: 2.5 to 12.5 years

Format: Verbal and Performance

Comments: A norm-referenced, standardized test which assesses intelligence and achievement, defining intelligence as mental processing or problem-solving ability. Minimum developmental level of 3.5 to 4 years advised for VH children in order to establish a basal level and range of deficits above and below it. Only subtests appropriate for blind children are Number Recall and Riddles. Subtests which may be appropriate for low vision children include Hand Movements, Number Recall, Triangles, Word Order, Expressive Vocabulary, Faces & Places, Arithmetic, and

Riddles. Careful modifications or adaptations may be required for low vision children, depending on functional vision.

Stanford-Binet Intelligence Scale: Fourth Edition

Authors: Robert L. Thorndike, Elizabeth P. Hagen, and Jerome M. Sattler

Available from: Riverside Publishing Company

Date of Publication: 1986

Target Population: Blind and Low Vision

Age Range: 2 years - Adult

Format: Verbal and Performance

Comments: Norm-referenced, standardized test which assesses intelligence. Adaptations for visually handicapped are general and were not field-tested. Handbook recommends attempting to administer all tests in standard format to low vision children, modifying Vocabulary, Quantitative, Comprehension, Number Series, Verbal Relations, and Equation Building as necessary. For blind, omit Bead Memory, Pattern Analysis, Absurdities, Copying, Memory for Objects, Matrices, and Paper Folding and Cutting and present only Memory for Sentences and Memory for Digits without modifications. Use of braille is recommended, but caution is necessary because most preschoolers have not learned braille and the type of discrimination required with braille is different and sometimes more difficult.

Tactile Test of Basic Concepts

Author: Hilda Caton

Available from: American Printing House for the Blind

Date of Publication: 1986

Target Population: Blind

Age Range: 5 - 9 years

Format: Performance

Comments: Tactile analog to the Boehm Test of Basic Concepts, Form A (1971), adapted by permission of the Psychological Corporation, designed to assess mastery of "concepts commonly found in preschool and primary grade instructional materials and essential to understanding oral communications" (p. 2). Fifty raised-line drawings of simple geometric forms with detailed instruction for administration are provided. Items may be used as criterion-referenced measures of spatial knowledge for blind preschoolers.

Developmental Measures

Battelle Developmental Inventory

Authors: Jean Newborg, John R. Stock, Linda Wnek, John Guidubaldi, and John Svinicki

Available from: Teaching Resources Corporation/DLM

Date of Publication: 1984

Target Population: Blind and Low Vision

Age Range: 0 - 8 years

Format: Verbal, Performance, Interview/Observation

Comments: Norm-referenced, standardized developmental battery designed to aid in making decisions regarding special education eligibility and placement, and to plan specific classroom

programs. Modifications and adaptations for use with visually handicapped children are included, but were not field-tested and no score adjustments are given. Domains are Personal-Social, Adaptive, Motor, Communication, and Cognitive. For severely low vision and blind, each domain contains items that must be scored 0; most are in Cognitive, thus invalidating this domain and the total scores. Valid scores may be obtained only for low vision children with good usable vision.

Brigance Diagnostic Inventory of Early Development

Author: Albert Brigance

Available from: Curriculum Associates

Date of Publication: 1978

Target Population: Low Vision

Age Range: 0 - 6 years

Format: Verbal and Performance

Comments: A criterion-referenced instrument designed to provide specific information for planning educational programs. No adaptations are suggested for visually handicapped children, but few are needed below the age of 3 years; for the remaining items, careful adaptations are necessary, especially for testing early academic skills. Eleven sections include Preambulatory Motor, Gross Motor, Self-Help, Pre-Speech, Speech & Language, General Knowledge & Comprehension, Readiness, Basic Reading, Manuscript Writing, and Math.

The Callier-Azusa Scale

Editor: Robert Stillman

Available from: Callier Center for Communication Disorders

Date of Publication: 1977 (F. Edition); 1978 (G. Edition)

Target Population: Blind, Low Vision, Deaf-Blind, Multihandicapped, Non-verbal

Age Range: 0 - 9 years

Format: Verbal, Performance, Interview/Observation

Comments: Criterion-referenced test for deaf-blind and severely impaired children designed to provide information for planning instructional programs. Eighteen subscales assess behaviors in five domains: Motor Development, Perceptual Abilities, Daily Living Skills, Cognition, Communication and Language, and Social Development.

Growing Up: A Developmental Curriculum

Authors: Noel B. Croft and Lee W. Robinson

Available from: Parent Consultants

Date of Publication: 1984

Target Population: Blind and Low Vision

Age Range: 0 - 5 years

Format: Performance and Interview/Observation

Comments: An informal criterion-referenced assessment procedure with accompanying curriculum suggestions for visually handicapped preschoolers, designed to provide information for planning instructional programs. It is also useful with nonhandicapped children or children with mental and/or physical impairments. Items are coded with approximate age equivalents for sighted children (for use as a reference when sequencing skills), but

were not field-tested. Six areas of development are assessed, with subdivisions called "strands" within each: Physical Development, Fine Motor Development, Self-Help Skills, Social Personal Development, Language Development, and Intellectual Development.

Informal Assessment of Developmental Skills for Visually Handicapped Students

Authors: Rose-Marie Swallow, Sally Mangold, and Phillip Mangold

Available from: American Foundation for the Blind

Date of Publication: 1978

Target Population: Blind and Low Vision

Age Range: 0 - 16 years

Format: Verbal, Performance, Interview/Observation

Comments: A compilation of informal criterion-referenced checklists or inventories developed by teachers of the visually handicapped. Part Two: Informal Assessment of Developmental Skills for Younger Visually Handicapped and Multihandicapped Children was developed to aid in assessment and formulation of teaching objectives for visually handicapped infants and preschoolers. Part Two provides five checklists: Self-Help, Psychomotor, Social-Emotional, Language, and Cognition.

Oregon Project for Visually Impaired and Blind Preschoolers

Authors: Donneise Brown, Vickie Simmons, and Judy Methvin

Available from: Jackson County Education Service District

Date of Publication: 1979

Target Population: Blind, Low Vision, Multihandicapped

Age Range: 0 - 5 years

Format: Verbal, Performance, Interview/Observation

Comments: A criterion-referenced instrument designed for assessment and educational program planning for young visually handicapped children. Items are assigned age levels, by year, appropriate for sighted children, and separate codes are provided for skills that take longer for visually handicapped children to acquire, for specialized skills required because of visual impairment, and for items inappropriate for blind children. Recommendations for teaching each skill are extensive. Six areas of development are assessed: Cognitive, Language, Self-Help, Socialization, Fine Motor, and Gross Motor.

Southern California Ordinal Scales of Development

Authors: Donald I. Ashurst, Elaine Bamberg, Julika Barrett, Ann Bisno, Artice Burke, David C. Chambers, Jean Fentiman, Ronald Kadish, Mary Lou Mitchell, Lambert Neeley, Todd Thorne, and Doris Wents

Available from: Western Psychological Services, and
Steven Ray Publishing

Date of Publication: 1985

Target Population: Low Vision, Multihandicapped, Non-verbal

Comments: A criterion-referenced ordinal scale, designed for handicapped, developmentally delayed, or learning disabled children, to assess functioning based on a Piagetian framework. Manuals provide behaviors to be sampled, recommended administation materials, general procedures to be followed, and

the criterion for scoring. Scoring system measures the quality of responses. Although field testing included a small sample of blind children, specific adaptations for visually handicapped children are not given, and knowledge of visual impairment as well as careful adaptations are necessary. Six scales are: Cognition, Communication, Fine Motor Abilities, Gross Motor Abilities, Practical Abilities, and Social-Affective Behavior.

Ecological Measures

Early Childhood Environment Rating Scale

Authors: Thelma Harms and Richard M. Clifford

Available from: Teachers College Press

Date of Publication: 1980

Target Population: Blind, Low Vision, Deaf-Blind, Multihandicapped, Non-verbal

Age Range: Infant - Kindergarten

Format: Interview/Observation

Comments: A field-tested, criterion-referenced, observational inventory to assess the quality of caregiver environments and interpersonal interactions outside the home. Minimal, if any, adaptations are necessary. Thirty-seven items are rated on a seven point scale, from 1-minimal to 7-excellent with all criteria specifically defined, to develop a profile for each room observed. Seven subscales are Personal Care Routines of Children, Furnishings and Display for Children, Language-Reasoning Experiences, Fine and Gross Motor Activities, Creative

Activities, Social Development, and Adult Needs.

Home Observation for Measurement of the Environment, Revised Edition

Authors: Bettye M. Caldwell and Robert H. Bradley

Available from: Center for Research on Teaching and Learning, University of Arkansas at Little Rock

Date of Publication: 1984 Revision

Target Population: Blind, Low Vision, Deaf-Blind, Multihandicapped, Non-verbal

Age Range: Infant - Preschool

Format: Interview/Observation

Comments: A field-tested, criterion-referenced observational inventory to assess the stimulation potential and quality of early developmental environment within the home. Four separate versions are available: Infant and Toddlers, Preschool, Infants with Severe Handicaps and Preschool with Severe Handicaps. Preschool with Severe Handicaps version includes items to assess presence of adaptive aids for visually impaired, hearing impaired, orthopedically impaired and mentally retarded, such that more than one handicapping condition can be included as necessary. Seven subscales are Physical Environment, Emotional and Verbal Responsibility, Acceptance of Child's Behavior, Organization of Environment, Provision of Play Materials, Parental Involvement with Child, and Opportunities for Variety.

Orientation and Mobility Measure

Preschool Orientation and Mobility Project

Author: Everett W. Hill

Available from: Everett Hill, Ed.D.

Date of Publication: In Press

Target Population: Blind and Low Vision

Age Range: 0 - 5 years

Format: Verbal and Performance

Comments: A criterion-referenced screening inventory and curriculum for orientation and mobility (O & M) skills which was developed as one component of a federal model demonstration grant for services to young visually handicapped children. O & M Screening A was designed for younger (0 - 2) nonambulatory children. O & M Screening B was designed for older (2 - 5) ambulatory children and assesses background information, auditory, tactile, visual functioning, motor skills, mobility skills, body parts and planes, positional concepts, home and community experiences, and orientation skills.

Language Measure

Receptive Expressive Language Assessment for the Visually Impaired

Authors: Gloria Anderson and Annette Smith

Available from: Ingham Intermediate School District

Date of Publication: 1979

Target Population: Blind, Low Vision, Non-verbal

Age Range: 0 - 5 years

Format: Verbal, Performance, Interview/Observation

Comments: A three-dimensional adaptation of the Preschool Language Scale (1969) and the Maxfield-Buchholz Scale of Social Maturity for Preschool Blind Children (1957). Designed to measure receptive and expressive language of young visually handicapped children through predominantly auditory and tactile responses. Real objects are utilized and an audio cassette tape of environmental sounds is provided. Limited field testing with sighted children and a small number of visually handicapped children dictates judicious interpretation.

CRITERIA FOR SELECTION OF TESTS

When selecting assessment instruments for use with a visually handicapped child, two major considerations are the objectives of the assessment and the characteristics of the child. The assessment instrument of choice also will determine when and how to adapt and/or modify. Table II provides an outline of criteria to consider when selecting such tests.

CONCLUSIONS

With the advent of Public Law 99-457, educators, evaluators, and administrators are confronted with numerous challenges when assessing and planning educational programs for young visually handicapped children and their families. Special expertise in nonstandardized evaluation and clinical judgment as well as a multidisciplinary approach are necessary to yield valid and relevant conclusions from assessment. It is incumbent upon the examiner to become knowledgeable about the effects of visual

impairment and learning, a topic which could not be covered in this brief paper. Furthermore, the examiner must take into account unique considerations and guidelines for selecting and administering assessment instruments and the utilization of nontest-based approaches. We cannot overemphasize the need for prior experience in evaluating young visually handicapped children and the use of only those tests with which the examiner is trained. Observation of the child and consultation with the parents and a certified teacher of visually handicapped children, preferably one who has worked with the child to be evaluated, will provide invaluable insights to guide the assessment process and individual program development.

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TABLE I
ASSESSMENT GUIDELINES

1. Prior to assessment, verify that the child is wearing or has in his possession the glasses or contact lenses which are regularly used during visual activities.

2. Speak as you approach so that the child will be aware of your presence.

3. Offer the child your hand or initiate other appropriate physical contact such as a pat on the shoulder.

4. Speak in a normal tone of voice, unless the child has a confirmed hearing loss.

5. If the room is unfamiliar to the child, allow him to explore and assist him in exploration as necessary.

6. Guide the child to the assessment area table and chair and provide time for him to become familiar with the setting.

7. Position the child to promote comfort, alertness, maximum range of motion and optimal use of vision.

8. Explain what you will be doing and answer the child's questions about activities and materials.

9. Define the work space. Materials may be placed on a tray that provides a perimeter, or on a large piece of construction paper outlined with masking tape.

10. For low vision children, provide the most favorable lighting conditions and avoid glare on materials and work surfaces.

11. Provide adequate contrast between the working surface and test objects. Use black construction paper on flannel fabric with light-colored objects and white with dark objects. Demonstrate test materials against a plain background rather than near the examiner's body.

12. Provide a low vision child with a bookstand or other raised surface to bring test materials closer to his eyes and reduce postural fatigue.

13. Provide verbal and tactual information about all test materials and procedures that a normally sighted child would observe visually during assessment.

14. Allow the child to explore and manipulate any materials that will be used in the assessment prior to beginning each test; tap the object, cue verbally, or touch the child slightly to assist in locating materials.

15. Allow time for initial contact, and organization of behavioral responses including physical manipulation.

16. Prompt the child to assure that he understands the demands of the task and to help focus his attention on the task.

17. Provide verbal and tactual guidance to imitate body actions when assessing motor or self-care skills.

18. Add sound elements to tasks when possible to stimulate interest.

19. Do not feel uncomfortable about using sight-oriented words such as "look" and "see."

20. Use tactile and verbal reinforcements frequently.

TABLE II
CRITERIA FOR SELECTION OF TESTS

TEST REVIEW

Test Name: _____

Publisher: _____

Age Range: _____

Test Domains:

_____ Auditory Perception

_____ Cognition/Conceptual Understanding

_____ Daily Living/Self-Help

_____ Fine & Gross Motor

_____ Socialization

_____ Speech/Language

_____ Tactile Perception

Impairment: (Use codes given)

_____ Blind

_____ Low Vision

_____ Deaf-Blind

_____ Multihandicapped

_____ Non-verbal

CODES: S= Standardized on this population
CR= Criterion-referenced
A= Adaptations necessary (Standardized, but not on this population)

Test Format: (Use codes given)

_____ Verbal

_____ Performance

_____ Interview with Caregiver

CODES: C= Commercially available in VH-adapted format
E= Examiner must have knowledge and ability to individually adapt

Reliability/Validity Data:

Comments: